# Chapter 13 Section 9.1 Addendum 1, Section 4

# TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES - RESPIRATORY SYSTEM

The number following the procedure code is the TRICARE payment group.

#### Nose

PROCEDURE	PAYMENT		
CODE	GR	OUP DESCRIPTION	
<b>EXCISION</b>			
30115	4	Excision, nasal polyp(s), extensive	
30117	5	Excision or destruction, any method (including laser) intranasal lesion;	
		internal approach	
30118	5	Excision or destruction, intranasal lesion; external approach (lateral	
		rhinotomy)	
30120	3	Excision or surgical planing of skin of nose for rhinophyma	
30124	2	Excision dermoid cyst, nose; simple, skin, subcutaneous	
30125	4	Excision dermoid cyst, nose; complex, under bone or cartilage	
30130	5	Excision turbinate, partial or complete	
30140	4	Submucous resection turbinate, partial or complete	
30150	5	Rhinectomy; partial	
30160	6	Rhinectomy; total	
REMOVAL.	FOF	REIGN BODY	
30310	2	Removal foreign body, intranasal; requiring general anesthesia	
30320	4	Removal foreign body; by lateral rhinotomy	
DEDAID		S J J	
<u>REPAIR</u> 30400	6	Dhinanlasty, primary lateral and alar sartilages and /or elevation of need	
30400	U	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal	
20410	~	tip	
30410	7	Rhinoplasty, primary; complete, external parts including bony pyramid,	
00400	0	lateral and alar cartilages, and/or elevation of nasal tip	
30420	9	Rhinoplasty, primary; including major septal repair	
30430	5	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	
30435	7	Rhinoplasty, secondary; intermediate revision (bony work with	
00450	•	osteotomies)	
30450	9	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)	
30520	8	Septoplasty or submucous resection, with or without cartilage scoring,	
		contouring or replacement with graft	
30540	7	Repair choanal atresia; intranasal	
30560	4	Lysis intranasal synechia	
30580	6	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	
30600	6	Repair fistula; oronasal	
30620	9	Septal or other intranasal dermatoplasty (does not include obtaining graft)	
30630	9	Repair nasal septal perforations	

# Nose (Continued)

PROCEDURE	Pa	/MENT
CODE	GR	OUP DESCRIPTION
30801	2	Cauterization and/or ablation, mucosa of turbinates, unilateral or bilateral,
30802	2	any method, (separate procedure); superficial Cauterization and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, (separate procedure); intramural
OTHER PR	OCI	<u>EDURES</u>
30903	1	Control nasal hemorrhage, anterior, complex (extensive cautery and/or
30905	1	packing) any method Control nasal hemorrhage, posterior, with posterior nasal packs and/or cauterization any method; initial
30906	2	Control nasal hemorrhage, posterior, with posterior nasal packs and/or
30915 30920	<b>4 5</b>	cauterization; subsequent Ligation arteries; ethmoidal Ligation arteries; internal maxillary artery, transantral

# **ACCESSORY SINUSES**

Procedure	PAYMENT		
CODE		OUP DESCRIPTION	
<u>INCISION</u>			
31020	4	Sinusotomy, maxillary (antrotomy); intranasal	
31030	5	Sinusotomy, maxillary (antrotomy); radical, (Caldwell-Luc) without	
		removal of antrochoanal polyps	
31032	6	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of	
		antrochoanal polyps	
31050	4	Sinusotomy, sphenoid, with or without biopsy	
31051	6	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or	
		removal of polyp(s)	
31070	4	Sinusotomy frontal; external, simple (trephine operation)	
31075	6	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch	
		type)	
31080	6	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision	
		(includes ablation)	
$31084^{2}$	6	Sinusotomy frontal; obliterative with osteoplastic flap, brow incision	
31086	6	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision	
31090	9	Sinusotomy combined, three or more sinuses	
<b>EXCISION</b>			
31200	4	Ethmoidectomy; intranasal, anterior	
31201	7	Ethmoidectomy; intranasal, total	
31205	5	Ethmoidectomy; extranasal, total	
ENDOSCO	$\mathbf{v}$	<b>3</b> .	
31233	4	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior	
01200		meatus or canine fossa puncture)	
31235	2	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via	
31233	~	puncture of sphenoidal face or cannulation of osteum)	
31237	4	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement	
01201	1	(separate procedure)	
31238	2	Nasal/sinus endoscopy, surgical; with control of epistaxis	
31239	6	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy	
31200	U	rabar bilds chassespy, surgicul, with autryscystorimiostomy	

# **ACCESSORY SINUSES (CONTINUED)**

PROCEDURE		/MENT _
CODE		OUP DESCRIPTION
31240		Nasal/sinus endoscopy, surgical; with concha bullosa resection
$31245^{3}$	5	Nasal/sinus endoscopy, surgical, with osteomeatal complex (OMC)
		resection and/or anterior ethmoidectomy, with or without removal of
9		polyp(s);
$31246^{3}$	5	Nasal/sinus endoscopy, surgical, with osteomeatal complex (OMC)
		resection and/or anterior ethmoidectomy, with or without removal of
0		polyp(s); with antrostomy
$31247^{3}$	5	Nasal/sinus endoscopy, surgical, with osteomeatal complex (OMC)
		resection and/or anterior ethmoidectomy, with or without removal of
		polyp(s); with antrostomy and removal of antral mucosal disease
$31248^{3}$	5	Nasal/sinus endoscopy, surgical, with osteomeatal complex (OMC)
		resection and/or anterior ethmoidectomy, with or without removal of
		polyp(s); with frontal sinus exploration
$31249^{3}$	5	Nasal/sinus endoscopy, surgical, with osteomeatal complex (OMC)
		resection and/or anterior ethmoidectomy, with or without removal of
		polyp(s); with frontal sinus exploration and antrostomy
$31251^{3}$	5	Nasal/sinus endoscopy, surgical, with osteomeatal complex (OMC)
		resection and/or anterior ethmoidectomy, with or without removal of
		polyp(s); with frontal sinus exploration, antrostomy, and removal of antral
		mucosal disease
$31254^{1}$	5	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)
$31255^{1}$	7	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and
_		posterior)
$31256^{1}_{2}$	5	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
$31261^{3}$	7	Nasal/sinus endoscopy, surgical, with anterior and posterior
0		ethmoidectomy (APE), with or without removal of polyp(s);
$31262^{3}$	7	Nasal/sinus endoscopy, surgical, with anterior and posterior
		ethmoidectomy (APE), with or without removal of polyp(s); with
0		antrostomy
$31264^{3}$	7	Nasal/sinus endoscopy, surgical, with anterior and posterior
		ethmoidectomy (APE), with or without removal of polyp(s); with
0		antrostomy and removal of antral mucosal disease
$31266^{3}$	7	Nasal/sinus endoscopy, surgical, with anterior and posterior
		ethmoidectomy (APE), with or without removal of polyp(s); with frontal
1		sinus exploration
$31267^{1}$	5	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal
0		of tissue from maxillary sinus
$31269^{3}$	7	Nasal/sinus endoscopy, surgical, with anterior and posterior
		ethmoidectomy (APE), with or without removal of polyp(s); with frontal
2		sinus exploration and antrostomy
$31271^{3}$	7	Nasal/sinus endoscopy, surgical, with anterior and posterior
		ethmoidectomy (APE), with or without removal of polyp(s); with frontal
4		sinus exploration, antrostomy, and removal of antral mucosal disease
$31276^{1}$	5	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or
		without removal of tissue from frontal sinus

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# **ACCESSORY SINUSES (CONTINUED)**

PROCEDURE	Payment		
CODE	GR	OUP DESCRIPTION	
$31280^3$	7		
		ethmoidectomy and sphenoidotomy (APS), with or without removal of polyp(s);	
$31281^{3}$	7	Nasal/sinus endoscopy, surgical, with anterior and posterior	
		ethmoidectomy and sphenoidotomy (APS), with or without removal of polyp(s); with antrostomy	
$31282^{3}$	7	Nasal/sinus endoscopy, surgical, with anterior and posterior	
		ethmoidectomy and sphenoidotomy (APS), with or without removal of polyp(s); with antrostomy and removal of antral mucosal disease	
$31283^{3}$	7	Nasal/sinus endoscopy, surgical, with anterior and posterior	
		ethmoidectomy and sphenoidotomy (APS), with or without removal of polyp(s); with frontal sinus exploration	
$31284^{3}$	7	Nasal/sinus endoscopy, surgical, with anterior and posterior	
		ethmoidectomy and sphenoidotomy (APS), with or without removal of polyp(s); with frontal sinus exploration and antrostomy	
$31286^{3}$	7	Nasal/sinus endoscopy, surgical, with anterior and posterior	
		ethmoidectomy and sphenoidotomy (APS), with or without removal of polyp(s); with frontal sinus exploration, antrostomy and removal of antral mucosal disease	
31287	5	Nasal/sinus endoscopy, surgical, with sphenoidotomy;	
31288	5	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus	

#### **LARYNX**

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PROCEDURE		YMENT
CODE	GR	OUP DESCRIPTION
<b>EXCISION</b>		
31300	7	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or
		laryngocele, cordectomy
31320	4	Laryngotomy (thyrotomy, laryngofissure); diagnostic
		Larying cromy (myrocomy, rarying on source), chagnostic
<b>ENDOSCO</b>	<u> PY</u>	
31510	4	Laryngoscopy, indirect (separate procedure); with biopsy
31511	4	Laryngoscopy, indirect (separate procedure); with removal of foreign body
31512	4	Laryngoscopy, indirect (separate procedure); with removal of lesion
31513	4	Laryngoscopy, indirect (separate procedure); with vocal cord injection
31515	2	Laryngoscopy direct, with or without tracheoscopy; for aspiration
31525	2	Laryngoscopy, direct, with or without tracheoscopy; diagnostic, except
		newborn
31526	4	Laryngoscopy, direct, with or without tracheoscopy; diagnostic, with
		operating microscope
31527	2	Laryngoscopy, direct, with or without tracheoscopy; with insertion of
01021	~	obturator
04.500		
31528	4	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial
31529	4	Laryngoscopy direct, with or without tracheoscopy; with dilation,
		subsequent
31530	4	Laryngoscopy, direct, operative, with foreign body removal
01000	•	Lary 11805copy, and cet, operative, with foreign body removal

# LARYNX (CONTINUED)

PROCEDURE	ΡΔν	MENT
CODE		OUP DESCRIPTION
31531	5	Laryngoscopy, direct, operative, with foreign body removal; with operating
		microscope
31535	6	Laryngoscopy, direct, operative, with biopsy
31536	6	Laryngoscopy, direct, operative, with biopsy; with operating microscope
31540	6	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis
31541	7	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of
		vocal cords or epiglottis; with operating microscope
31560	7	Laryngoscopy, direct, operative, with arytenoidectomy
31561	7	Laryngoscopy, direct, operative, with arytenoidectomy; with operating
21570	4	microscope
31570	4	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic
31571	4	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope
31576	4	Laryngoscopy, flexible fiberoptic; with biopsy
31577	$\dot{4}$	Laryngoscopy, flexible fiberoptic; with removal of foreign body
31578	4	Laryngoscopy, flexible fiberoptic; with removal of lesion
31580	7	Laryngoplasty; for laryngeal web, two stage, with keel insertion and
		removal
31582	7	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including
91594	e	tracheotomy
31584	6	Laryngoplasty; with open reduction of fracture
31585	2	Treatment of closed laryngeal fracture; without manipulation
31586	4	Treatment of closed laryngeal fracture; with closed manipulative reduction
31588	7	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)
31590	7	Laryngeal reinnervation by neuromuscluar pedicle
DESTRUC'	TION	J
31595	4	Section recurrent laryngeal nerve, therapeutic (separate procedure),
		unilateral

# TRACHEA AND BRONCHI

PROCEDURE	Payment		
CODE	GR	OUP DESCRIPTION	
INCISION			
31600	4	Tracheostomy, planned (separate procedure)	
31611	5	Construction of trachesophageal fistula and subsequent insertion of an	
		alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)	
31612	2	Tracheal puncture, percutaneous for aspiration of mucus (transtracheal	
		aspiration)	
31613	4	Tracheostoma revision; simple, without flap rotation	
31614	4	Tracheostoma revision; complex, with flap rotation	
<b>ENDOSCO</b>	<u>PY</u>		
31615	2	Tracheobronchoscopy through established tracheostomy incision	
31622	4	Bronchoscopy; diagnostic, (flexible or rigid), with or without cell washing or	
		brushing	
31625	5	Bronchoscopy; with biopsy	

# TRACHEA AND BRONCHI (CONTINUED)

PROCEDURE	Day	YMENT
CODE	GROUP DESCRIPTION	
31628		Bronchoscopy; with transbronchial lung biopsy, with or without
	-	fluoroscopic guidance
31629	4	Bronchoscopy; with transbronchial needle aspiration biopsy
31630	4	Bronchoscopy; with tracheal or bronchial dilation or closed reduction of
		fracture
31631	4	Bronchoscopy; with tracheal dilation and placement of tracheal stent
31635	4	Bronchoscopy; with removal of foreign body
31640	4	Bronchoscopy; with excision of tumor
31641	4	Bronchoscopy; with destruction of tumor or relief of stenosis by any method
		other than excision (eg, laser)
31645	5	Bronchoscopy; with therapeutic aspiration of tracheobronchial tree, initial
		(eg, drainage of lung abscess)
31646	2	Bronchoscopy; with therapeutic aspiration of tracheobronchial tree,
		subsequent
31656	2	Bronchoscopy; with injection of contrast material for segmental
		bronchography (fiberscope only)
$31659^{3}$	2	Bronchoscopy; with other bronchoscopic procedures
INTRODU	CTIC	
31700	2	Catheterization, transglottic (separate procedure)
31710	2	Catheterization for bronchography, with or without instillation of contrast
31710	~	material
31715	2	Transtracheal injection for bronchography
31717	2	Catheterization with bronchial brush biopsy
31720	$\tilde{2}$	Catheter aspiration (separate procedure); nasotracheobronchial
31730	$\tilde{2}$	Transtracheal (percutaneous) introduction of needle wire dilator/stent or
01.00	-	indwelling tube for oxygen therapy
DEDAID		ma weiming tube for only gen therapy
REPAIR	~	The characters are deal
31750	7	Tracheoplasty; cervical
31755 31785	4 6	Tracheoplasty; tracheopharyngeal fistulization, each stage Excision of tracheal tumor or carcinoma; cervical
	O	Excision of trachear tumor of carcinoma, cervicar
<u>SUTURE</u>		
31800	4	Suture of external tracheal wound or injury; cervical
31820	2	Surgical closure tracheostomy or fistula; without plastic repair
31825	4	Surgical closure tracheostomy or fistula; with plastic repair
31830	4	Revision of tracheostomy scar

#### LUNGS AND PLEURA

PROCEDURE	Payment	
CODE	GROUP DESCRIPTION	
<u>INCISION</u>		_
32000	2 Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	
32002	Thoracentesis with insertion of tube with or without water seal (eg. for pneumothorax) (separate procedure)	
32005	4 Chemical pleurodesis (eg, for recurrent or persistent pneumothorax)	
32020	4 Tube thoracostomy with or without water seal (eg, for abscess, hemothorax empyema)(separate procedure)	ζ,

# TRICARE-APPROVED AMBULATORY SURGERY PROCEDURES - RESPIRATORY SYSTEM

#### LUNGS AND PLEURA (CONTINUED)

Procedure	Pa	/MENT
CODE	GR	OUP DESCRIPTION
<b>EXCISION</b>		
32400	2	Biopsy, pleura; percutaneous needle
32405	5	Biopsy, lung or mediastinum, percutaneous needle
32420		Pneumonocentesis, puncture of lung for aspiration

#### Except as provided below, all procedures are effective as of November 1, 1994

- 1 Code added for services performed on or after January 1, 1995
- <sup>2</sup> Code added for services performed on or after February 27, 1995
- Code deleted for services performed on or after April 1, 1995
- <sup>4</sup> Code deleted for services performed on or after April 26, 1995
- <sup>5</sup> Payment group changed for services performed on or after February 27, 1995
- $^6$  Code added October 1995 effective for services performed on or after November 1, 1994
- <sup>7</sup> Code deleted for services performed on or after March 31, 1996
- <sup>8</sup> Code added for services performed on or after January 1, 1996
- <sup>9</sup> Code added for services performed on or after January 1, 1997
- <sup>10</sup> Code deleted for services performed on or after January 1, 1997
- <sup>11</sup> Code added for services performed on or after November 1, 1998